

November 7, 2000

Administrative Letter 2000-14

**TO: ALL INSURERS LICENSED TO WRITE ACCIDENT AND SICKNESS INSURANCE IN VIRGINIA, AND ALL HEALTH SERVICES PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS LICENSED IN VIRGINIA**

**RE: 14 VAC 5-190-10 et seq.: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers Notification of Additional Reporting Requirements for the 2000 Reporting Period**

The purpose of this letter is to alert carriers to certain benefit or provider information which must be reported to the State Corporation Commission ("Commission"), on Form MB-1, due on or before May 1, 2001. Carriers are responsible for making necessary adjustments to their data capturing systems to ensure that Form MB-1 accurately reflects cost and utilization data relating to additional reporting categories for the 2000 reporting period (calendar year). This letter only summarizes those categories of coverage or providers which will be reported for the first time. Carriers are encouraged to review **all** requirements applicable to mandated benefits and mandated providers as well as the associated reporting requirements to determine the extent to which these new reporting requirements affect their organization and to ensure compliance with all existing mandated benefit and provider requirements.

In addition to all reporting requirements currently in effect, cost and utilization data relating to the following categories of mandated benefits or providers for calendar year 2000 will be reported on Form MB-1, due May 1, 2001. In each category identified below, the legislation requiring coverage of the benefit or provider was effective July 1, 1999, unless otherwise stated. Calendar year 2000 represents the first full calendar year during which the coverage requirement was in effect. Carriers should review the statutes identified below in their entirety for additional guidance concerning coverage requirements.

- § 38.2-3412.1:01 of the Code of Virginia (effective January 1, 2000) requires each insurer, health services plan, and health maintenance organization to provide coverage for biologically based mental illnesses to group policyholders or contract holders.
- § 38.2-3418.1:2 of the Code of Virginia is amended to extend coverage for pap smears to include coverage for annual testing performed by any FDA-approved gynecologic cytology screening technologies.

- § 38.2-3418.8 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for patient costs incurred during participation in clinical trials for treatment studies on cancer.
- § 38.2-3418.9 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for a minimum hospital stay for hysterectomy.
- § 38.2-3418.10 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for diabetes. Such coverage shall include benefits for equipment, supplies and outpatient management training and education, including medical nutrition therapy.
- § 38.2-3418.11 of the Code of Virginia requires that insurers, health services plans, and health maintenance organizations provide coverage for hospice services.

In order to avoid confusion and to facilitate the capturing of appropriate data relating to the above requirements, the Bureau of Insurance has identified some of the CPT and ICD-9-CM codes for many of these requirements. The codes on the attached listing supplement the CPT and ICD-9-CM codes furnished to carriers previously. Carriers should refer to the complete listing of CPT and ICD-9-CM codes to ensure compliance with all reporting requirements.

Please refer any question regarding this matter to:

Mary Ann Mason  
Senior Insurance Market Examiner  
State Corporation Commission  
Bureau of Insurance – Life and Health Division  
Post Office Box 1157  
Richmond, Virginia 23218  
Telephone: (804) 371-9348  
FAX: (804) 371-9944

Sincerely,

Alfred W. Gross  
Commissioner of Insurance

AWG/mam  
Attachment

**Virginia Code Section 38.2-3412.1:01: Biologically Based Mental Illness**

## ICD Codes

295.0-295.9	Schizophrenia/Schizoaffective disorder
299.9	Schizophrenia, childhood type
296.4-296.7	Bipolar affective disorder
296.2-296.3	Major depressive disorder
300.01	Panic disorder
309.0	Predominant disturbance of emotions
300.3	Obsessive-compulsive disorders
314.0	Attention deficit disorder
314.01	With hyperactivity
299.0	Infantile autism
291	Alcoholic psychoses
303	Alcohol dependence syndrome
292	Drug psychoses
304	Drug dependence

## CPT Codes

Please use appropriate CPT codes for procedures and services used to report services for biologically based mental illnesses. An extensive listing of CPT codes is prohibitive for purposes of this letter.

**Virginia Code Section 38.2-3418.1:2: Pap Smears (Cytology Screening)**

## CPT Codes

88164-88167	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician
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**Virginia Code Section 38.2-3418.8: Clinical trials for treatment studies on cancer**

## ICD Codes

V70.7	Examination for normal comparison or control in clinical research
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**Virginia Code Section 38.2-3418.9: Minimum hospital stays for hysterectomy**

## CPT Codes

58260-58285	Vaginal hysterectomy
58550-58551	Laparoscopy, surgical; with vaginal hysterectomy

**Virginia Code Section 38.2-3418.10: Diabetes equipment, supplies, outpatient management**

## ICD Codes

V53	Fitting and adjustment of other device
V65.3	Dietary surveillance and counseling
V65.4	Other counseling, not elsewhere classified

## CPT Codes

99201-99215	Office or Other Outpatient Services (New Patient)
99241-99245	Office or Other Outpatient Services (New or Established Patient)
99078	Diabetic instructions

**Virginia Code Section 38.2-3418.11: Hospice Services**

## ICD Codes

V66.7	Hospice Care
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## CPT Codes

99377	Physician supervision of a hospice patient
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